

INTERNAL ASSESSMENT PLAN

Assessment Type

- | | |
|--|--|
| <input type="checkbox"/> QA Assessment | <input type="checkbox"/> Tripartite Assessment |
| <input type="checkbox"/> Line Management Self-assessment | <input type="checkbox"/> Triennial Assessment |
| <input type="checkbox"/> Management System Assessment | <input type="checkbox"/> FESHCom Assessment |
| | <input type="checkbox"/> Other: |
-

Title of Assessment

Area to be assessed

Purpose (Why is this assessment occurring?)

Objective(s)

Scope

Criteria

Timeline (Scheduled start date and tentative end date)

Assessment Team

| Participant's Name | Role ¹ (L, A, M, O) | Fermi ID# | Qualified? ² |
|--------------------|--------------------------------|-----------|-------------------------|
| | | | |
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¹ Role on assessment team: L=Lead A=Assessor M= Mentor O=Observer

² Confirm that all participants have met the qualifications for their role. (ref. QAM 12080 Appendix A)

Assessment Activity Schedule

| Date | Time | Location | Assessment Topic | Interviewee |
|------|------|----------|------------------|-------------|
| | | | | |
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Lines of Inquiry (when applicable):

Distribution

Assessment Team